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CONFIRMATION NO. 9478

<b>SERIAL NUMBER</b> 09/492,133	<b>FILING OR 371(c) DATE</b> 01/27/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2041.0010004	
<b>APPLICANTS</b> Robert Pollin, Rockville, MD;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/879,022 06/19/1997 PAT 6,041,315 <i>ML</i> which is a DIV of 08/625,295 04/01/1996 PAT 5,727,249 which is a DIV of 07/959,930 10/15/1992 PAT 5,504,677					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/23/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Michael S. Andrews</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26111					
<b>TITLE</b> System and Method for Making a Payment from a Financial Account					
<b>FILING FEE RECEIVED</b> 994	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		